



City of Seattle OPA Review Board Meeting Request Form

Date of Event: _____

Name of Requester: _____

Phone Number: _____

Fax Number: _____

Reason for:

Event ☐

Meeting ☐ _____

Organization: _____

Location of Event: _____
(exact location, room #, table #)

Total Time Requested: _____
(program time/OPARB anticipated time/amount of time OPARB requested to attend)

Contact Name/Number: _____
(please include contact information for day of event)

OPARB Role: Will the OPARB be asked to speak? Yes ☐ No ☐

Attendees: _____
(number, notable attendees)

Press: Has the Press been notified? Yes ☐ No ☐

Background/Briefing:

(Please include any briefing papers, background information, agenda, speaking points, etc., or indicate the day the material will be provided, at least 7 working days in advance of the event)

Please **allow 7 working days** to process and respond to your request. You can submit your request to one of the following:

Fax: 206-684-8587

Email: OPAReviewBoard@seattle.gov

Mail: 1100 Municipal Building, 600 4th Avenue
Seattle, WA 98104-1873
Attention: Patricia Robledo